

FILED  
2007 AUG 20 PM 2:29  
FEDERAL BUREAU OF INVESTIGATION  
CLERK OF DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

HUY DANG

Plaintiff,

vs.

B. CURRY, WARDEN (A)  
BOARD OF PAROLE HEARINGS

Defendant.

CASE NO. C 07 3845 SBA (PR)

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

I, HUY DANG, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_\_ No X  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_\_ No X  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_\_ No X

14 d. Pensions, annuities, or Yes \_\_\_\_ No X  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 N/A  
 22 \_\_\_\_\_  
 23 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_\_ No X

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ Ø

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

N/A

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$  Amount of Mortgage: \$

6. Do you own an automobile? Yes ☐ No ☒

Make  Year  Model

Is it financed? Yes ☐ No ☒ If so, Total due: \$

Monthly Payment: \$

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank:

Present balance(s): \$

Do you own any cash? Yes ☐ No ☒ Amount: \$

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

N/A

8. What are your monthly expenses?

Rent: \$  Utilities:

Food: \$  Clothing:

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are  
2 payable. Do not include account numbers.)

3 N/A  
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 N/A  
10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 8/7/07

17 DATE

18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
SIGNATURE OF APPLICANT

Case Number: C 07 3845 SBA (PR)

**CERTIFICATE OF FUNDS**

**IN**

**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of HUY DANG H 40124 for the last six months at CORRECTIONAL TRAINING FACILITY

[prisoner name]

CTF-C SOLEDAD where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ .75¢ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 2.73.

Dated: 8-16-07

Brenda Nation, Acct Technician  
[Authorized officer of the institution]

**CORRECTIONAL TRAINING FACILITY**  
P.O. BOX 886  
SOLEDAD, CA 93960  
ATTN: TRUST OFFICE



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST: 8-16-07  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY Brenda Nation  
TRUST OFFICE

Account Technician

**PROOF OF SERVICE BY MAIL**

**BY PERSON IN STATE CUSTODY**

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, HUY DANG, declare:

I am over 18 years of age and a party to this action. I am a resident of CTF-C SOLEDAD

Prison,

in the county of MONTEREY

State of California. My prison address is: P.O. BOX 689, SOLEDAD, CA 93960-0689

On AUGUST 7, 2007

(DATE)

I served the attached: PRISONER'S APPLICATION TO PROCEED IN FORMA PAUPERIS


(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional institution in which I am presently confined. The envelope was addressed as follows:

OFFICE OF THE CLERK  
NORTHERN DISTRICT OF CALIFORNIA  
1301 CLAY STREET, SUITE 400S  
OAKLAND, CA 94612-5212

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on AUGUST 7, 2007  
(DATE)

  
(DECLARANT'S SIGNATURE)

REPORT ID: TS3030

REPORT DATE: 08/10/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CTF SOLEDAD/TRUST ACCOUNTING  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 11, 2007 THRU AUG. 10, 2007

ACCOUNT NUMBER : H40124 BED/CELL NUMBER: CFGWT2000000234L  
ACCOUNT NAME : DANG, HUY KHANH ACCOUNT TYPE: I  
PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
03/11/2007		BEGINNING BALANCE					8.26
03/12	FR01	CANTEEN RETUR	602636			3.99-	12.25
04/02	*VD54	INMATE PAYROL	2925 P13		4.50		16.75
04/09	FC01	DRAW-FAC 1	2980 ML			16.75	0.00

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 06/16/92 CASE NUMBER: SCR55894  
COUNTY CODE: SBD FINE AMOUNT: \$ 6,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
03/11/2007		BEGINNING BALANCE		4,065.64
04/02/07	VR54	RESTITUTION DEDUCTION-SUPPORT	5.00-	4,060.64

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
8.26	4.50	12.76	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00

CORRECTIONAL TRAINING FACILITY  
P.O. BOX 686  
SOLEDAD, CA 93960  
TRUST OFFICE



THE WITHIN INSTRUMENT IS A COPY  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
DATE 8-16-07  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY Brenda Nation  
TRUST OFFICE

Account Technician